



NORTH CAROLINA

Department of Transportation



ROAP Opportunities for Change

Carolyn Freitag

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- Carol Long, Director
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- Sheila Blalock, Director
Mitchell County Transportation Authority
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ROAP Opportunities for Change



Qualifying Riders for all ROAP Funds Possible

Carol Hurst Long, Onslow United Transportation System, Inc.

Qualifying Riders for all ROAP Funds Possible

- Make sure riders are eligible for the 3 different Programs in the ROAP Application

1. EDTAP

❖ Purpose

- Provides operating assistance for transportation of the state's elderly and disabled citizens

2. Employment & Transportation Assistance

❖ Purpose

- Intended to help DSS clients that:
 - Transitioned off Work First or Temporary Assistance for Needy Families (TANF) in the previous 12 months or
 - Workforce Development Program participants;
- Intended to help the transportation of disadvantage public; and/or
- Intended to help the general public to travel to work, employment training and/or other employment related destinations

3. Rural General Public Program (RGP)

❖ Purpose

- Intended to provide transportation services for individuals from the county who do NOT have a human service agency or organization that will pay for the transportation service
- The passenger's origin or destination must be in the rural area

Eligible Use of Funds

- ROAP funds are to be used for the eligible expenses listed in Appendix A of this document.
- Employment funds are only to be used for employment-related activities and not general or medical transportation. Employment funds can be transferred to either the EDTAP or RGP programs at which time they take on the characteristics of that program.
- A county that uses any ROAP funds for non-public transportation trips will have a penalty of 10% assessed on all amounts of ROAP funds misspent

Appendix A – Eligible Transportation Expense Matrix

Services must be provided to a person that meets the eligibility criteria.

Trip Based Services - Trips may be provided by car/vanpool, taxi, public transit vehicle, private transit vehicle, agency vehicle, or mileage reimbursement to a volunteer. The most cost-effective option should be chosen. Public /Private transportation providers shall be reimbursed based on the fully allocated cost per mile, per hour, or per passenger trip. Volunteers can be reimbursed for mileage only. If a human service agency uses an agency vehicle to provide the trip, the agency must include the fully allocated cost of a trip in their reimbursement request including fuel, staff time and benefits, depreciation, vehicle insurance and licensing.

Trip Purpose	EDTAP	EMPL	RGP
Personal care, non-emergency medical appointments, pharmacy pickup, shopping, bill paying, public hearings, committee meetings, classes, banking, etc.	Yes	No	Yes
Job interviews, job fair attendance, job readiness activities or training, GED classes	Yes	Yes	Yes
Transportation to Workplace (trip must be scheduled by the individual passenger)	Yes	Yes	Yes
Child(ren) of Working Parent transported to Child Care	No	Yes	Yes
Group field trips/tours to community special events	Yes	No	*
Overnight trips to out-of-county destinations	Yes	No	*
Human Service Agency appointments	Yes	No	Yes
Purchase of service	No	No	No
Human Service Agency purchase of passes, tickets or tokens from the Community Transportation System for the agency's program needs or their client's needs.	No	No	No

* Must be provided under the provisions of the federal Charter regulations which can be viewed at <https://www.transit.dot.gov/regulations-and-guidance/access/charter-bus-service/charter-bus-service>

*****IMPORTANT*****

OUTS and Onslow County

- OUTS is a private non-profit and the Designated Community Transportation System in Onslow County
- Onslow County passes through the ROAP funds to OUTS electronically
- OUTS completes the application, submits it, and administers the grant.
- Reports are sent to Onslow County Finance Director regularly
- The electronic disbursement goes to a specified OUTS account so as not to co-mingle with other funds and interest earned can be tracked.

Moving Funds

- ROAP funds must be continued through the fiscal year
- Too many questions arise when moving funds from one program to another
- OUTS prefers to move people than funds
 - **IMPORTANT:**
 - MAKE SURE THAT PERSON IS QUALIFIED FOR THE PROGRAM

OUTS Eligibility Process

- Complete the Pre-Application Process
 - Evaluate pre-application to determine which program the applicant would be eligible
 - Send appropriate application to applicant with instructions based on needs expressed
 - EDTAP
 - » If 60 or over – need to complete application and attaching a copy of their Photo ID with Date of Birth
 - » If under 60 years of age – have their health provider certify their disability
 - Work First
 - » Make sure verification of employment is attached to the completed application, i.e., check stub
 - RGP
 - » No application is needed; however either their pick up location or drop off destination must be in the non-urbanized area

OUTS Passengers

- Many people that ride with us or request a ride with us, may be eligible for at least 2 programs.

For example:

- A person requesting employment transportation may also be eligible for EDTAP transportation. OUTS – has them complete a Work First application and an EDTAP application. If under 60 they would need their health care provider to certify their disability or if over 60 they would need to attach a copy of their Photo ID/ DOB. This allows them to ride under Work First or EDTAP
- A person who lives in the non-urbanized area and has a disability or over 60 would need to complete an EDTAP application – health care provider certifying their disability or attaching a copy of their--Photo ID/DOB. Therefore, depending on funds available, if necessary, at the end of the month I will moving the rider to another funding source. This allows them to either ride under EDTAP or RGP

New Passenger Request for Transportation

Personal Information:

Name: Click here to enter text.

Date: Click here to enter a date.

Address: Click here to enter text.

City/County: Click here to enter text.

Email: Click here to enter text.

Telephone Number: Click here to enter text.

Date of Birth: Click here to enter a date.

Children: (list names and ages) Click here to enter text.

Do you receive any DSS assistance: ☐ Yes ☐ No ☐ Medicaid ☐ Medicare

Monthly Income: Click here to enter text.

Transportation Information:

Do you have a disability? ☐ Yes ☐ No ☐ If yes, please explain: Click here to enter text.

Do you use any type of mobility device: ☐ Yes ☐ No

If so, please choose all that apply:

- ☐ Wheelchair
- ☐ Electric wheelchair
- ☐ Walker
- ☐ Cane
- ☐ Other: Click here to enter text.
- ☐ Personal Care Attendant Name: Click here to enter text.

Trip Purpose: ☐ Medical ☐ Employment ☐ School ☐ Shopping ☐ Recreation ☐ Other Click here to enter text.

Trip Time Frames: example (9A to 11A) Click here to enter text.

Office Staff taking information: Click here to enter text.

Any other information office staff would like to provide:
Click here to enter text.

Office use only:

Funding Source: ☐ EDTAP ☐ Work First ☐ RGP ☐ Med. RGP ☐ 5310 ☐ 5316 ☐ ADA ☐ UtoU

Approved By: _____ Date: _____

Comments: _____

FY 18-19 OUTS \$\$79,987

[illegible]



Onslow United Transit System, Inc.
PO Box 1548
Jacksonville, North Carolina 28540
Application for Transportation OUTS Work First
UPDATED August 2010

Requested Information

The following information is requested in order to monitor compliance with Federal regulations. You are not required to furnish this information, but are encouraged to do so.

Applicant
<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin
<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Other Multi Racial

☐ Male ☐ Female

Applicant's Name: _____
Street Address: _____ **Mailing Address:** _____
City: _____ **State:** _____ **Zip code:** _____ **Marital Status:** _____
Phone Number: () _____ **Alternate Phone:** () _____
Emergency Contact (name and phone number required): _____

Mobility Aid (if any): _____

Definition of a "wheelchair" according to DOT 49 CFR PART 37 means a mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered. A "common wheelchair" is such a device which does not exceed 30 inches in width and 48 inches in length measured two inches above the ground, and does not weigh more than 600 pounds when occupied. Service for ADA Complementary Para-Transit under the ADA regulations is only required to transport a "common wheelchair"; however the service will try to accommodate as many mobility aids as possible.

The vehicle lift used may be unable to accommodate passengers with a combined weight (self and mobility aid) of more than 600 lbs.

Total Weight of person and mobility aid under 600lbs: Yes ___ No ___

The following information is required to be completed by applicant.

Household member's (First, middle initial, Last)	Date of Birth (MM/DD/YY)	Transportation (yes or no)

Do you receive any services provided by the Onslow County Department of Social Services Yes ___ No ___ If so, please identify:

Identify all sources of income:

Type of Income:	Monthly Gross Amount
Total Monthly Income (Please provide proof of income for everyone working in the home, i.e. copy of Pay stub, copy of divorce paper,)	

Employer: _____ **Phone:** _____
Employer Address: _____

Family Size Chart (Income Guidelines) Total Gross Monthly Income								
Family Size	1	2	3	4	5	6	7	8
Income	\$1,805	\$2,428	\$3,052	\$3,675	\$4,298	\$4,922	\$5,545	\$6,168

For any additional family member add \$623

Applicant's Signature: _____ **Date:** _____

I certify the information I have given is accurate and complete to the best of my knowledge. I understand that I am responsible for notifying OUTS of any change to personal information such as; home address, phone number, sources of income, family members, and that this information may be verified. If information provided is found to be false, transportation may be terminated.

Office use only:

Approved By: _____ **Date:** _____
Comments: _____



Onslow United Transit System, Inc.

PO Box 1548

Jacksonville, North Carolina 28540

INCOMPLETE APPLICATIONS WILL NOT BE APPROVED

Please call (910) 346-2998

For transportation purposes Elderly and Disabled Transportation Assistance Program, EDTAP, is defined as the following. An elderly person is defined as one who has reached the age of 60 or more years. A disabled person is defined as one who has a physical or mental impairment that substantially limits one or more life activity, an individual who has a record of such impairment. A physician must certify the disability.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. _____ Date of Birth _____ please provide a copy of driver's license or I.D. card

Emergency Contact Information: Name _____ Phone _____

What is your disability: _____

Is this condition temporary? _____ If Yes, expected duration until _____

Are there any other effects of your disability of which we need to be aware?

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by Onslow United Transit System, Inc.

Do you use any of the following aids of mobility? (Check all that apply)

Manual or powered wheelchair ___ Walker ___ Powered scooter ___ Cane ___

Crutches ___ Personal care attendant ___ Guide Dog ___

Definition of a "wheelchair" according to DOT 49 CFR PART 37 means a mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered. The definition does not include

devices not intended for indoor use or devices not primarily designed to assist individuals with mobility impairments.

Under the ADA regulations OUTS is only required to transport a "wheelchair"; however the service will try to accommodate as many mobility aids as possible.

The vehicle lift used may be unable to accommodate passengers with a combined weight (the person seated in the wheelchair and mobility aid) of more than 600 lbs.

Total Weight of person and mobility aid under 600 lbs: Yes ___ No ___

Do you require a Personal Care Attendant when you travel using transit? Yes ___ No ___
Sometimes ___

I hereby certify that the above-information given is correct.

Signature: _____

Date: _____

****If you are 60 years of age or older you do not need to fill out the next page. Regardless of age, you will need to provide a copy of a form of identification for proof of age.***

Please go to the next page if applicable.

TO THE APPLICANT:

If you are under 60 years of age and applying for transportation for disability purposes, please have your physician complete the following:

Applicant's name: _____

Capacity in which you know the applicant: _____

Medical Diagnosis of condition causing disability: _____

Is the condition temporary? No _____ Yes _____ Expected duration until _____

Does the person use any mobility aids? If so, what? (Check all that apply)

Manual or electric wheelchair _____ Walker _____ Cane _____ Crutches _____ Personal care attendant _____ Guide Dog _____

Definition of a "wheelchair" according to DOT 49 CFR PART 37 means a mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered. The definition does not include devices not intended for indoor use or devices not primarily designed to assist individuals with mobility impairments.

Service for ADA Complementary Para-Transit under the ADA regulations is only required to transport a "wheelchair"; however the service will try to accommodate as many mobility aids as possible.

The vehicle lift used may be unable to accommodate passengers with a combined weight (the person seated in the wheelchair and mobility aid) of more than 600 lbs.

Total Weight of person and mobility aid under 600 lbs: Yes _____ No _____

Does the person have a visual impairment? Yes _____ No _____ If yes, to what extent _____

If the person has a cognitive disability; is the person able to:

Give addresses and telephone number upon request? Yes _____ No _____

Recognize a destination or landmark? Yes _____ No _____

Deal with unexpected situations or unexpected change in routine? Yes _____ No _____

Ask for, understand and follow directions? Yes _____ No _____

Safely and effectively travel through crowded areas? Yes _____ No _____

Is there any other effect of the disability of which Onslow United Transit System, Inc. should be aware? Please describe below:

Your Name: Please Print _____

Office Address Please Print _____

Office Phone Number: _____

Signature: _____

WORK FIRST EXPENDITURES

FY 18-19

[illegible]

RGP EXPENDITURES

FY 18 19

	1st QTR			2nd QTR			3rd QTR			4th QTR			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Trips	0	0	0	0	0	0	0	0	0	0	0	0	0
Miles													0.00
Hours										0.00			0.00
Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Clients Served													0
10% local Match	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			✓ \$0.00			✓ \$0.00			✓ \$0.00			✓ \$0.00	\$0.00
			0			0			0			0	0

Spent
\$111,471.80

Agency	Allocation Amount	Amount Spent YTD	Remaining Allocation
OUTS - Work First	\$38,141.00	\$0.00	\$38,141.00
5316	\$0.00	\$0.00	\$0.00
5310	\$0.00	\$0.00	\$0.00
RGPplus 10%Local Match \$101,338 + 10,133,80	\$114,471.80	\$0.00	\$114,471.80
COJ	\$0.00	\$0.00	\$0.00
Work First	0		
RGP	0		

Questions or Comments

Thank You!!

Contact Information

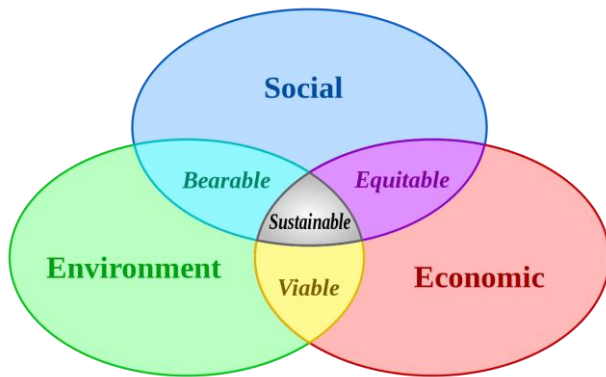
Carol Long, Director

Onslow United Transit System, Inc

(910) 346-2998

clong@jacksonvillenc.gov

ROAP Opportunities for Change



Using Funding to Help New Grantee

Sheila Blalock, Mitchell County Transportation



